

# Disability discrimination claim by young person

Use this form **only** if you can tick both of these boxes.

☐ I am **not** asking the Tribunal to order a school to reinstate me after a permanent exclusion.

☐ I am over compulsory school age\*.

Please use black ink and write as clearly as you can if completing by hand.

## Section 1: About you

### Your details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Date of birth

  /   /   

Address

Postcode

     

Telephone number(s) (include any mobile)

Email

### Who should receive information about your claim?

Tick one box only.

☐ You ☐ Your Representative

### If you have a representative, please give details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

☐ Other \_\_\_\_\_

Surname

First name(s)

Professional status (e.g. solicitor, friend)

Is your representative legally qualified?

☐ Yes ☐ No

Address

Postcode

     

Telephone number(s)

Email

Fax

\* You reach this age on the last Friday in June in the academic year you turn 16 (the academic year ends at the end of August). More detail is given in the Tribunal's *Guide to making a disability discrimination claim against a school - a guide for a young person who wants to make a claim*.

## Section 2: Who the claim is against

Name of the school you are claiming against

Address of the school you are claiming against

Postcode

Type of school

- ☐ Maintained by local authority (state name of authority)
- ☐ Academy/free school
- ☐ Private school

## Section 3: The date when the discrimination occurred

The Tribunal will not register your claim if you do not tell us this date.

Date/most recent date of discrimination //

## Section 4: Information about your claim

Please leave blank the parts which do not apply. If you need more space continue on page 6 or on a separate piece of paper.

### I have been excluded for one or more fixed terms

Please give the start and end date for each exclusion and, briefly, the reasons given by the school for the exclusions (e.g. "I assaulted another pupil").

#### Exclusion 1

#### Exclusion 2

#### Exclusion 3

**I was excluded from one or more school trips or activities**

Please give a brief description of each trip or event (e.g. "residential trip to Derbyshire") with dates of the trip and date of any decision or decisions about that trip or event.

**Trip/event 1**

**Trip/event 2**

**Trip/event 3**

**I have experienced unfavourable treatment**

Please describe briefly each instance of unfavourable treatment (e.g. "I was given after school detention"). Give dates as precisely as possible.

**Unfavourable treatment 1**

**Unfavourable treatment 2**

**Unfavourable treatment 3**

**I was disadvantaged because the school failed to make reasonable adjustments**

Describe briefly the disadvantage to you, the particular adjustment(s) which were needed, when they should have been put in place, and what was done instead.

**Adjustment 1**

**Adjustment 2**

**Adjustment 3**

**I am claiming because of some other discriminatory act(s) by the school**

Please give brief detail, including dates, of any other claims of discrimination by this school.

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**More detail about your claim**

Use the box below if you did not have room to list all your claims. Please give more detail about each of the claims, in particular:

- **what** happened, **who** was involved, and **when**
- **why** what happened related to your disability, (or the disability of someone you are associated with)
- **how** the school should have acted instead
- which **documents** are important (see also Section 7 below)

## Section 6: Your disability

Please describe your disability and explain how it affects you on a day-to-day basis. A copy of any medical or professional diagnosis, and any statement of special educational needs, should be included. (If you are claiming that you have been discriminated against because of **another person's disability** please give details about that person's disability and the relationship of that person to you.)

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 7: Late claims

**We cannot normally accept a claim if we receive it more than six months after the date of the discrimination you are claiming about.** This means the date of the act of discrimination; or the date when the school decided not to do something. If there was a series of connected acts, it means the date of the most recent one.

**If your claim is late, please explain here why the claim is late and why it is important that it should be accepted. If your claim is not late, please go straight to Section 8.**

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 8: Putting things right – governing body or proprietor

The Tribunal has no power to order a school to pay you compensation. It can only make orders against the responsible body (normally the governing body or proprietor) for a school, not against an individual.

**If the Tribunal decides in your favour, what would you like it to order?** You may like to add why you think any order you are asking for is appropriate.

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.

## Section 9: Documents you need to send with your claim

Depending on the basis of your claim, we need copies of the following documents, if you have them:

1. Documents provided by the school setting out any decision it made which forms part of your claim (e.g. an exclusion letter from the head teacher, minutes of a meeting about you)
2. Any document which helps the Tribunal to understand your disability (e.g. a statement of special educational needs, a relevant medical report, an assessment by a therapist or psychologist)
3. Correspondence with the school about the issues in the claim
4. Other educational documents, for example your school report, individual educational plan, school policies
5. Other documents (for example a statement from another parent, another organisation)

Please list the documents you are sending with the claim, the date of each document and number of pages, its author (if known), and, if it is not obvious, why the document is relevant.

[illegible]

If you need more space please continue on a separate sheet of paper but make sure that it is firmly attached to the form.



## Section 10: Special requirements

If you or another person have any special requirements, including adjustments which may be needed at the place the hearing is held, please tell us in the box below.

## Section 11: Other appeal or claim

Do you have an other claim or appeal with the Special Education Needs and Disability?

☐ No

☐ Yes, date sent     /     /     claim/appeal number

## Section 12: Sign below

If someone else is handling this claim for you, they can sign here but they must send us your signed authority or proof that you do not have capacity to handle this claim.

☐ Before you sign, please tick this box to confirm that you have either filled in this form yourself or that someone else did this for you and you agree with what they have written.

<b>Your signature</b>	
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**Or**

<b>Your solicitor's signature</b> (a qualified lawyer can sign on your behalf with your permission)	
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**Date**     /     /

## Section 13: Sending us your claim

When you have completed the claim form and signed it, please make sure you keep your own copy, and then send it and all other relevant documents to:

HM Courts & Tribunals Service  
Special Educational Needs and Disability  
1st Floor  
Darlington Magistrates' Court, Parkgate  
DL1 1RU

Or email it with electronic copies of all the necessary documents to  
sendistqueries@hmcts.gsi.gov.uk

Phone: 01325 289350

Email: sendistqueries@hmcts.gsi.gov.uk

Fax: 0870 739 4017